

# **INSTRUCTIONS FOR UTAH TRAILS MATCHING FISCAL ASSISTANCE PROGRAM NON-MOTORIZED AND MOTORIZED TRAIL GRANTS**

## **THE PROCESS**

In preparation for submitting an application, project proponents are encouraged to contact the State Trails Coordinator John Knudson, (801) 538-7344, or by email: [johnknudson@utah.gov](mailto:johnknudson@utah.gov) or OHV Coordinator Fred Hayes, (801) 538-7435 [fredhayes@utah.gov](mailto:fredhayes@utah.gov) for guidance and to discuss project details.

Submitted trail proposal applications will initially be reviewed for recommendation to the Utah State Parks Board by either the Utah Off-Highway Vehicle Advisory Council or Utah Recreational Trails Advisory Council; councils created by legislation and vested with authority to advise them on selection of state-wide projects to receive state and federal trails funding.

Following a circumspect review of all applications, the Advisory Councils will submit their recommendations to the Utah State Parks Board for final evaluation, proposal selection and related funding decisions.

## **TIMELINE**

Applications are due and must be in the Utah Parks and Recreation Office on or before 5 PM, May 1<sup>ST</sup> . Late proposals will not be accepted.

Please submit fiscal assistance application packets to:

**STACY BLAKE  
UTAH DIVISION OF PARKS AND RECREATION  
1594 WEST NORTH TEMPLE SUITE 116  
P O BOX 146001  
SALT LAKE CITY UT 84114-6001**

Proposals will be reviewed during the months of May, June, July and August. Applicants may be contacted to clarify the details and merits of their proposal. Applicants may also be contacted to arrange on on-site tour of the project for Advisory Council members.

## APPLICATION FORMAT

Compliance with uniform formatting requirements will enable evaluators to manage and review all applications most effectively. Deviations will unnecessarily encumber the process and may impact the objective analysis of your submittal.

All applications must comply with the following formatting requirements:

- 8 ½ " X 11 " white paper with the information in portrait orientation.
- 11 point Arial font.
- Drawings and charts on 8 ½ " X 11 " or 11 " X 17 " folded paper, in either portrait or landscape orientation.
- All submittals are to be unbound. Application materials will be organized into three-ring binders by Utah Parks and Recreation staff for convenience of the evaluators.
- All submittals are to be three-hole punched on the left hand margin.
- A maximum of 6 single-sided pages of text per application, including detailed budget. Address each question in the application as completely as possible. Submittal information must appear in the same sequence and order as outlined in this application.
- A maximum of 5 single-sided pages of drawings, photos and charts per application.
- Up to 10 additional single-sided pages of required documentation such as letters of commitment, executive summaries of master plans or property appraisals, etc.
- No addenda with any application.
- Submit 12 copies of each application.

## FISCAL ASSISTANCE APPLICATION CHECKLIST

(Please submit 12 copies of the following)



- \_\_\_\_\_ FISCAL ASSISTANCE APPLICATION.
- \_\_\_\_\_ DETAILED PROJECT COST ESTIMATE. Proposed project expenditures should be listed in detail, describing each project component identified within the scope of the proposal. Only items listed in this detailed cost estimate will be eligible for cost sharing under the fiscal assistance agreement.
- \_\_\_\_\_ MAPS Submit a map clearly showing in detail the location of the proposed project.
- \_\_\_\_\_ AGREEMENTS (If applicable.) - Submit agreements with any other agency, individual, group or corporation that may participate in this project, contribute funds or property, or may be involved in future operation and maintenance of the facility.
- \_\_\_\_\_ APPRAISAL REPORT (summary, land acquisition projects only.)
- \_\_\_\_\_ MASTER PLAN showing existing and proposed recreation and non-recreational development, clearly identify the boundaries of the area in which the proposed development will occur.
- \_\_\_\_\_ NON-PROFIT CERTIFICATION FROM THE STATE OF UTAH under Title 16, "Utah Nonprofit Corporation and Cooperative Association Act. (Project sponsors for OHV Program funds and Recreational Trails Program funds who are "organized user groups".)



UTAH STATE PARKS AND RECREATION  
UTAH TRAILS FISCAL ASSISTANCE PROGRAM

## NON-MOTORIZED TRAIL APPLICATION

1. Project title: \_\_\_\_\_
2. Project sponsor: \_\_\_\_\_
3. Location (nearest town): \_\_\_\_\_
4. County: \_\_\_\_\_ 5. Congressional District (circle one): 1 - 2 - 3
6. Project Manager: \_\_\_\_\_
7. Address: \_\_\_\_\_
8. Telephone: \_\_\_\_\_ 9. E-mail: \_\_\_\_\_
10. Amount of fiscal assistance requested \$ \_\_\_\_\_  
(Up to 50% of total project cost)
11. Total estimated project costs \$ \_\_\_\_\_  
**(If awarded state funds, project sponsor is responsible for 75% of total project costs until final reimbursement. If awarded federal funds, the sponsor is responsible for 100% of project costs until final reimbursement. Federal project sponsors requesting federal funds must supply 5% of the total project cost from non-federal sources.)**

Program applied for: (Check all from which you would accept funding. If eligible you can check both federal and state but may receive funding from only one type of program funds.)

### FEDERAL FUNDS

\_\_\_\_ **Recreational Trails Program (RTP)**

### STATE FUNDS

\_\_\_\_ **Trails and Pathways Program (Non-Motorized Trails)** [Non-motorized trail maintenance projects are ineligible for state funds, please apply under Recreational Trails Program – Federal Funds (above)]

### CERTIFICATION:

I certify that I am authorized to sign this application and that the information herein provided is, to the best of my knowledge, true and accurate. I further certify that the applicant has the necessary financial resources to fulfill all obligations relative to this project including the cost of operation and maintenance. I further certify that this application is submitted by an official action of the governing board of the applicant agency.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## PROJECT DESCRIPTION

Provide project description and check/circle proposed project components.

Is public access guaranteed? YES NO

Project land is owned or controlled by (Check one or more)

City County State Federal Private

If land is owned by other than applicant agency, include copies of leases, easements or other agreements for use of land.

Anticipated project starting date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Include a copy of the proposed project schedule.

Will this project replace or enhance any existing developed recreation site?

Is project pursuant to a current master plan or needs assessment? YES NO  
(If yes, attach pertinent section of the plan or assessment – not the whole plan)

### A. PROPERTY ACQUISITION:

\_\_\_\_\_ Fee title purchase \_\_\_\_\_ Easement

### B. TRAIL CONSTRUCTION (check all that apply and provide relevant details):

New and rehabilitated/relocated trails funded under this program must meet specifications approved by the program coordinator to serve the purpose for which the trail is designed and to withstand local weather conditions. See trail construction guidelines for guidance.

\_\_\_\_\_ New trail \_\_\_\_\_ Tread width \_\_\_\_\_ Trail length  
\_\_\_\_\_ Trail rehabilitation/relocation \_\_\_\_\_ Tread width \_\_\_\_\_ Trail length

Trail surface material (describe)

Overpass/Underpass \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_ Clearance height to trail surface \_\_\_\_\_

River/stream crossing \_\_\_\_\_ New bridge \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_

\_\_\_\_\_ Purchase of hand tools \_\_\_\_\_ Purchase of mechanized equipment (Describe)

Describe other trail improvement(s):

### C. TRAIL HEAD FACILITIES:

\_\_\_\_\_ New trail head \_\_\_\_\_ Reconstruction \_\_\_\_\_ Trail head improvement

\_\_\_\_\_ Parking area dimensions \_\_\_\_\_ Surface material (Describe): \_\_\_\_\_

\_\_\_\_\_ New restroom (Must be ADA accessible)

\_\_\_\_\_ Drinking water \_\_\_\_\_ Kiosk \_\_\_\_\_ Signs

List other trailhead features:

Will trailhead be plowed in winter? \_\_\_\_\_ Yes \_\_\_\_\_ No

**D. TRAIL SIDE FACILITIES**

\_\_\_\_\_ Warming hut \_\_\_\_\_ Yurt \_\_\_\_\_ Shelter \_\_\_\_\_ Restroom \_\_\_\_\_ Benches \_\_\_\_\_ Kiosk  
\_\_\_\_\_ Water \_\_\_\_\_ Hitching Rail(s) \_\_\_\_\_ Corral \_\_\_\_\_ Bike rack(s)  
Other: (Describe) \_\_\_\_\_

**E. TRAIL SIGNING:**

\_\_\_\_\_ Route marking \_\_\_\_\_ Informational \_\_\_\_\_ Interpretive \_\_\_\_\_ Regulatory

Describe: \_\_\_\_\_

**F. TRAIL INFORMATION:**

Is a brochure/map part of the funding request? \_\_\_\_\_ Yes \_\_\_\_\_ No

**G. TRAIL USES:**

Trail uses allowed (check all that apply):

\_\_\_\_\_ Jogging/hiking \_\_\_\_\_ Road bicycling \_\_\_\_\_ Mountain biking  
\_\_\_\_\_ Horseback riding \_\_\_\_\_ Nordic skiing (cross country) \_\_\_\_\_ Rollerblading  
\_\_\_\_\_ Skateboarding Is the trail suitable for disabled users? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Season(s) trail can be used \_\_\_\_\_

**H. TRAIL MAINTENANCE (Maintenance on Non-motorized trails can only be funded with federal RTP funds)**

**1. Travel routes**

Trail/route name(s) and length(s): \_\_\_\_\_

Work to be done:(Check all that apply.)

Repair or replacement of:

|   |                            |
|---|----------------------------|
| _____ Trail tread / route surface                               | (Feet or Miles) _____      |
| _____ Brush back vegetation                                     | (Feet or Miles) _____      |
| _____ Stream crossing(s)  | (Number) _____             |
| _____ Wet area crossing(s)                                      | (Number) _____             |
| _____ Bridge(s)   | (Number) _____             |
| _____ Water diversion structure(s)                              | (Number) _____             |
| _____ Culvert(s)  | (Number) _____             |
| _____ Cattle guard(s)   | (Number) _____             |
| _____ Fence   | (Feet) _____               |
| _____ Gate(s)   | (Number) _____             |
| _____ Switchback repair   | (Number) _____             |
| _____ Disturbed area rehabilitation                             | (Sq. or Linear Feet) _____ |
| _____ Sign(s)   | (Number) _____             |
| _____ Clearing of obstruction(s) (Logs, rocks, etc.)            | (Miles) _____              |
| _____ Replacement or repair of trail blazes, markers and cairns | (Number) _____             |
| _____ Backslope grooming  | (Feet or Miles) _____      |
| _____ Retaining walls   | (Feet) _____               |
| _____ Other:  | _____                      |

## 2. Trail heads

Trail head name(s): \_\_\_\_\_

Work to be done: (Check all that apply.)

|                              |                  |
|------------------------------|------------------|
| _____ Parking surface repair | (Sq. Feet) _____ |
| _____ Parking barriers       | (Number) _____   |
| _____ Restroom               | (Number) _____   |
| _____ Signs                  | (Number) _____   |
| _____ Loading ramps          | (Number) _____   |
| _____ Culinary water systems | (Number) _____   |
| _____ Other: _____           |                  |

**DETAILED DESCRIPTIONS OF ITEMS CHECKED ABOVE:** (Give specific measurements and details of work to be to be accomplished. Describe methods to be used; i.e. hand vs. mechanical. Add additional page(s) if needed.)

### **I. EDUCATIONAL PROGRAMS TO PROMOTE TRAIL SAFETY AND ENVIRONMENTAL PROTECTION**

- \_\_\_\_\_ Development and operation of trail safety education program(s)
- \_\_\_\_\_ Development and operation of trails-related environment education program(s)
- \_\_\_\_\_ Production of trial-related educational material(s) (informational displays, in print, video, audio, interactive computer displays, etc.)

Detailed description of items checked: (Give details of problem(s) to be addressed, message(s), curriculum(s), method(s) of delivery, etc.) Add additional page(s) if needed.

### **GIVE EVIDENCE OF PUBLIC SUPPORT FOR YOUR TRAIL PROJECT.**

1. Describe how the project is part of a comprehensive plan and/or part of an overall trail network and describe its community, regional, statewide or national significance.
2. Describe volunteer or private sector contributions to the project. Show what involvement and support there is, if any, from trail user groups, service organizations, community/business leaders, environmental groups, schools, institutions and/or companies.
3. Describe the cooperation and support among adjoining and/or other affected jurisdictions for your project (such as city to city, city to county, city/county with the Forest Service or BLM, etc.). This may include Memorandums of Understanding, letters of support, cooperative agreements, etc. (Please attach any supporting documents).

**DETAILED PROJECT BUDGET** Your budget must include source of project funds. Show sponsor cash, labor and equipment and any donor contributions such as property, cash, labor or equipment. Project expenses should be broken down by category, item, and quantity. This is a critical component of the application. The more detailed the better. Total project costs must correlate with item number 10 and 11 on page one of application.

**ESTIMATED ANNUAL OPERATION AND MAINTENANCE COSTS OF THE PROJECT \$\_\_\_\_\_.**

Who will be responsible for maintenance?

